

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

10/593553 15 MAY 2007

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		0		/		
4		0		/		
5		0		/		
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39		0		/		
40		0		/		
41		0		/		
42		0		/		
43	/	0	/	/		
44		0		/		
45		0		/		
46						
47						
48						
49						
50						
TOTAL IND.	4		4			
TOTAL DEP.	41		41			
TOTAL CLAIMS	45		45			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						